

Evidence-Based Treatment for Adolescents and Adults: A Guide to CRA and A-CRA

What is the Community Reinforcement Approach (CRA) and Adolescent Community Reinforcement Approach (A-CRA)?

The treatment model known as CRA/A-CRA recognizes that, at least initially, alcohol and other drug use is about reinforcing consequences – that make us more likely to repeat actions. Most people who use alcohol and other drugs get something out of it – whether it is physical pleasure like euphoria, rituals and access to a new group of friends, or to escape or avoid something – or they wouldn't keep doing it. In the case of drugs like opioids, it doesn't take long before physical addiction takes over and the positive rewards turn to drug seeking and using to avoid or escape opioid withdrawal pain.

The overall goal of CRA/A-CRA is to help clients reconnect with or discover new sources of positive reinforcement (people, activities, things) within their community to compete with alcohol or drug use. How do CRA/A-CRA clinicians do this? By listening to and learning from their clients what is important to them. They then help them connect to pro-recovery activities that have meaning and value to their client. In addition, CRA/A-CRA clinicians help their clients identify small, but important goals and learn how to achieve them. Clients also learn a variety of new skills, such as problem-solving and positive communication (with family, friends, and others), which help them enjoy a better quality of life. Practicing new skills is a critical component of the skills training used in CRA/A-CRA. Every session ends with mutually-agreed upon "homework" to achieve goals.

This intervention has been implemented in outpatient, MAT settings, intensive outpatient, and residential treatment settings. This research-tested intervention has been used in over 500 organizations across the United States and Canada.

How is CRA/A-CRA structured?

CRA/A-CRA sessions are positive, strength-based and focused on the individual's needs. Clinicians have a variety of CRA/A-CRA procedures to choose from based upon the issues clients raise during sessions. Within a broad framework, the model includes guidelines for two types of sessions for adults (clients alone and clients and their significant others together) and three types of sessions for adolescents (clients alone, caregiver(s) alone, and clients and their caregiver(s) together).

According to the client's needs and self-assessment of happiness in multiple life areas, clinicians choose from a variety of CRA/A-CRA procedures that address day-to-day issues of living, such as communication skills, and active participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating substance use problems.

Goals of CRA/A-CRA

- Decrease/eliminate the use of alcohol and other drugs
- Improve communication with family, significant others, and others
- Increase participation in non-using social activities
- Increase positive relationships with family, significant others, and others

Training and Certification

CRA training is for clinicians and clinical supervisors. Sometimes a senior clinician serves as the CRA clinical supervisor. Either way, an organization can achieve CRA sustainability by sending at least one clinician and supervisor to the training. This approach results in local expertise in the CRA model. Following the training, trainees follow a certification process that involves uploading clinical session recordings to a secure website for expert review and feedback and attending cross-site coaching calls. Once a supervisor achieves certification, it is possible to train and certify clinicians at his/her own agency.

For More Information

If you would like to read more about this evidence-based treatment, and what trainees, clients, and family members have said about the model, visit <http://ebtx.chestnut.org>.

Questions?

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